was tender and a little suffused after the appearance of the parasite. In the warm climate of Africa the worm made its appearance frequently, but on the woman's return to England it was only visible in warm weather, disappearing into the deeper parts on exposure to cold. When the parasite was visible the eye appeared normal, except for a small vesicle at the outer part of the conjunctival cul-de-sac, and tortuous movements could, under favorable conditions, be seen beneath the conjunctiva. The worm was kept in place with a finger, while the eye was cocainized. Then an incision was made in the conjunctiva and the parasite withdrawn. It looked much like a piece of fishing-gut, and was active for a short time, but it soon succumbed when placed in a weak solution of boric acid. It was 25 mm. long and 0.5 mm. thick; its head tapered slightly and its tail to a greater degree. Around the worm was wrapped a fine filament that appeared to be its alimentary canal. From the size of the animal it appeared to be a male. It was not known how it had gained entrance. No filaria were found in the blood.

SOME PHASES OF OPACITY AND LUXATIONS OF THE CRYSTALLINE LENS.

THOMPSON (*Ophthalmic Review*, No. 156, p. 313) contends that segmental opacities of the lower inner portions of the crystalline lens usually remain stationary for years, and rarely cause blindness. Annular opacity, or "arcus senilis lentis," is often encountered in persons under thirty years of age. Women seem to be more subject to it than men; it rarely passes beyond the periphery until after middle life, when it sometimes extends in the form of a minute speckled opacity of the whole anterior surface of the lens, again to become stationary, and seldom causing blindness. Cataract is occasionally cured spontaneously by liquid degeneration within the capsule. Congenital ectopia lentis is by no means a harmless anomaly. Its subjects are usually highly myopic, and have greatly reduced acuity of vision. It may cause loss of vision by glaucoma, and ultimately destroy sight by luxation of the lens downward, thereby inciting inflammatory reaction. Spontaneous luxation downward of the cataractous lens of an elderly person often takes place. It gives temporary sight to the patient, but the end is usually suffering and loss of vision. "Second sight" is a danger signal. It is not always caused by an inccrease in the conjugate axis of the lens incident to incipient cataract. It is frequently present long before the faintest sign or symptom of cataract. It is often brought on by long-continued congestion of the fundus, as indicated by numerous minute floating particles in the vitreous humor, by a relaxed suspensory ligament, and by luxation of the lens forward.

LOW DEGREES OF EYE-STRAIN A SOURCE OF SYSTEMIC DISTURBANCE.

As the result of a systematic examination during a period of eight years of the eyes of all patients complaining of headache, giddiness, or of other symptoms that could possibly be induced as a reflex to an over-exercised ciliary region, LOWE (*British Medical Journal*, No. 1768, p. 1107) has found that low degrees of astigmatism are far more potent in producing such phenomena than the high degrees; although the reverse was observed in cases of hypermetropia. The explanation offered is that when mild astigmatism exists perfect vision can be obtained by an effort of focus, and the ciliary apparatus persists in this effort so long as its object can be accomplished. When the degree of astigmatism is, however, more pronounced, no effort of accommodation can bring about clear vision, and the ciliary apparatus gives up the attempt in despair. It is not then the astigmatism that produces reflex disturbances, but the effort to overcome it. It is further pointed out that the effect of peripheral irritation must depend not only upon the degree of such irritation, but also upon the excitability of the brain and the reflex centres. Reference is made to two cases in which the ciliary region was proved to be an epileptogenous zone, both patients completely recovering on the adoption of suitable lenses.

AN OUTBREAK OF OPHTHALMIA IN A BOARDING-SCHOOL.

SNELL (*British Medical Journal,* No. 1768, p. 1104) reports an epidemic of ophthalmia in a boarding-school containing 84 boys, of whom 38 were regarded as healthy, while in 39 the eyes, though not in many cases presenting any marked departure from the normal, were under the circumstances not considered quite well, and in 7 the diseased condition was marked. The vesicles were seated chiefly upon the inner surface (which was also reddened) of the lower eyelid, in some cases running the greater part of the length of the lid like a chain of pearls. In but few cases was the retrotarsal fold involved. The upper lids were less affected ; when they were, they had lost their polish and appeared often velvety, or, in some instances, as if the finest sand had been sprinkled on the surface; there was also in some cases an increased vascularity. There appeared in all an absence of perceptibie discharge. No discomfort was complained of, and, without everting the lids, hardly a case presented any abnormality. The outbreak was preceded by the prevalence of influenza, with which many of the boys had been affected, and ophthalmia had existed in the city and in a girls' boarding-school with which there had been communication through relatives. It is believed that the early cases may have been mild instances of ordinary catarrhal ophthalmia followed by the development of vesicular conjunctivitis, or the early instances may not have been imported, but have been merely an evidence of the prevalence of the disorder, the more marked cases at that time attracting attention. At the time of and previous to the outbreak the drains were open in close proximity to the school-house, the city authorities having the streets up for the purpose of a new drainage-system. The school itself presented no gross hygienic defect. The washing arrangements, with the epidemic once started, were favorable to its progress. The ventilation of some of the bedrooms was defective and the cubic space allotted to each boy could in some instances with advantage have been larger. Examination of the wall-papers and paints failed to disclose a source of irritation. In spite of hygienic measures, separate towels, etc., the disease spread widely, indicating either, in spite of the absence of discharge, that infection was playing a part, or that atmospheric agents(miasms) were at work, or both. Removal from the place facilitated recovery and did not lead to the infection of others. The outbreak, mild in character and unaccompanied by noticeable discharge or much visible redness, was of follicular type, and in cases in which recovery ensued no change in the conjunctiva resulted. Mild, as opposed to more stringent, treatment proved the better, applications of silver nitrate retarding rather than promoting recovery. Fresh air and the best hygienic surroundings were of the first importance.

DERMATOLOGY.

UNDER THE CHARGE OF

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The Therapy of Melanoma.

Lassar records a case of melanoma in which the internal administration of arsenic was followed by the disappearance of the tumor. The patient, a woman thirty-five years of age, had beneath the right breast a pigmented mole which, being rubbed by the corset stay, became the seat of a small tumor. Simultaneously the nævus began to grow peripherally. This small nodule was cauterized, probably with the galvano-cautery, but, instead of healing, renewed proliferation occurred. Because of this untoward result the patient absolutely refused to permit any further operative interference, and recourse was had to the internal administration of arsenic. Within the first three weeks involution began, but the patient neglecting treatment the tumor began to grow again. Upon the resumption of the arsenic retrogression again occurred. Under this treatment, continued for some time, the tumor completely disappeared; the pigment-mole remained, however. Unfortunately, owing to the refusal of the patient to permit the excision of a portion for microscopical examination, the diagnosis must remain in doubt. —*Dermatologische Zeitschrift*, Bd. 1, Heft 6.

The Management of Eczema.

In a paper read before the Section in Dermatology of the British Medical Association (*British Journal of Dermatology*, September, 1894), **Malcolm Morris** discusses the treatment of eczema, calling attention to the following points:

1. Are internal remedies required in eczema? If they are, what are the precise indications which should guide us in the use of them?

The author's view is that internal medication is not required unless some constitutional dyscrasia underlies the skin affection. In chronic eczema unaccompanied by constitutional dyscrasia, local treatment may be relied upon entirely. When the disease is acutely inflammatory, antimony is most valuable. In neurotic cases the sheet-anchor is opium; if this disagree, some other sedative must be substituted. If the neurotic element shows itself as depression, quinine may be combined with the opium advantageously. If the discharge be abundant, belladonna may be combined with quinine. Phosphorus, strychnine, and arsenic are useful in selected cases, but the last must be used with caution or harm will be done instead of good. Cod-liver oil and general tonic treatment are indicated when malnutrition and anæmia are present; iron, however, is contraindicated when acute inflammation is present.

2. The influence of diet in eczema.

The author does not believe that diet has any influence except indirectly.

3. What are the principles on which the local treatment of eczema should be carried out? Speaking generally, every case should be treated as if it were of parasitic origin. The objects aimed at in local treatment are, first, to destroy micro-organisms; second, to protect the inflamed surface from the air and further microbic invasion; third, to soothe irritation. The principles on which the local treatment of eczema is to be carried out are as follows: Soothe when the inflammatory process is acute; stimulate when it is chronic; in either case keep the parts continuously under the influence of antiseptics.

4. How is the tendency to recurrence of eczema in those predisposed to the disease to be overcome? Is there any plan of alterative treatment by which this result can be brought about?

Change of climate is often beneficial in this direction.

As to the various waters the author sums up his conclusions as follows:

1. No spring known to him has any specific action on eczema.

2. Such virtue as sulphur waters externally applied possess is due chiefly to the parasiticidal action and partly to the temperature at which they are applied.

3. Such virtue as sulphur, chalybeate, or arsenical waters possess when taken internally is due to their action in quickening the processes of metabolism, increasing the number of red corpuscles in the blood, giving tone to the nervous system.

RESORBIN AND ITS EMPLOYMENT AS AN OINTMENT-BASE.

LEDERMANN (*Monatshefte für Praktische Dermatologie*, 1894, Bd. xix., No. 2) reports his clinical experience with this new ointment-base, which is a fat emulsion consisting of almond-oil, wax, a minimal quantity of gelatin and soap, and a small quantity of lanolin. It is distinguished by an extraordinary penetrating power in comparison with lard and vaselin. On account of the water which it contains it acts as a cooling ointment and diminishes itching and inflammation. It may be employed with benefit in pruritus, especially the senile variety. On account of its powers of penetration it is useful for the removal of crusts in eczema, psoriasis, seborrhœa, especially when combined with salicylic acid, sulphur, and resorcin. The scales of ichthyosis are readily softened by it and the feeling of tension relieved. It may be used advantageously in all artificial inflammations where there is an inclination to the formation of erosions and rhagades. Incorporated with suitable medicaments it is adapted to the treatment of acute and chronic eczema, lichen ruber, and psoriasis. It is especially suited to the